Approved

Approved it: use through 6/30/99. OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
a valid OMB control number.

## REQUEST FOR WITHDRAWAL VASSANTORNEY OR AGENT

Application Number	09/133856		
Filing Date	08/13/98		
First Named Inventor	James Johnson		
Group Art Unit	Unassigned		
Examiner Name	Unassigned		
Attorney Docket Number	10172-9013-014		

ENT.	To: Assistant Commi	ssioner for f	atents
1	Washington, DC	20231	

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

BUSINESS WAS TRANSFERRED TO ILLINOIS TOOL WORKS, INC.

<ol> <li>The correspondence address is NOT affected by this withdrawal.</li> <li>Change the correspondence address and direct all future correspondence to:</li> </ol>							
CORRESPONDENCE ADDRESS							
Customer Number		er	Place Custom Bar Code Lat				
OR Bar Code Label here							
Firm <i>or</i> Individual Name		ILLINOIS TOOL WORKS, INC.					
Address		MR. THOMAS BUCKMAN		·			
Address		3600 W. LAKE AVENUE					
City		GLENVIEW	State IL	ZIP 60025			
Country							
Telephone		847-724-7500	Fax				
This request is enclosed in triplicate.							
Name	ROBE	OBERT S. BEISER OF MICHAEL, BEST & FRIEDRICH					
Signature	Rol	obert & Beisen					
Date	DECE	MBER 28, 1998		CD011 3 1999			
NOTE: Withdrawal is effective when approved rather than when received.							

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.